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The organization of front-line medical services in Montreal

Pierrefonds and Lac Saint-Louis Health and Social Service Centre (CSSS)

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From the Rochon Commission to the Clair Commission, all studies of the Quebec health system in the last 20 years are unanimous. They conclude that there is a need – an urgent need – to develop and better integrate front-line services to ensure true access to medical services on the part of all citizens, as well as comprehensive case management for individuals throughout all stages of life.

This finding has led the *Ministère de la Santé et des Services sociaux* (MSSS) to start following through on one of the Clair Commission's main recommendations, and support the establishment of Family Medicine Groups (FMGs) throughout Quebec. The Montreal Agency supports this approach wholeheartedly. In fact, the first component of its strategy to improve the organization of front-line medical services is devoted to the creation of FMGs. Given Montreal's situation – the needs of the population, urban social issues, the various ways that general practitioners organize and carry out their practice, the presence of several hospitals and emergency rooms, etc. – the Agency has developed the concept of associate medical centres (AMCs). The territory-wide deployment of AMCs will constitute the second component of the strategy to reorganize front-line medical services.

The two components of the Montreal strategy converge and complement each other. They converge insofar as they seek the same goal of access to services that guarantee medical case management and follow-up for every individual. They are complementary insofar as they make it possible to provide comprehensive case management, at the medical and clinical levels, for each individual and for the population as a whole.

FMGs: first component of the strategy to reorganize front-line medical services in Montreal

An FMG brings together 8 to 12 physicians with "full-time equivalent" (FTE) hours, who commit to providing a full array of medical case management services to a clientele who has chosen to register with them. Services are provided with or without an appointment, 7 days a week. In practice, this means 12 hours of availability a day during the week and 4 hours a day during weekends and holidays, with medical on-call services 24 hours a day, 7 days a week for registered clienteles whose illnesses put them at risk of decompensation. The FMGs also feature extended nursing services,[1] meaning 70 hours of availability a week. The nursing staff will be in a position to work with physicians to provide care from the time of screening all the way through systematic follow-up of at-risk clienteles.

What is an FMG?

Each FMG is expected to have 15,000 registered clients, i.e. 1,500 clients per FTE physician. The MSSS aims to set up 300 FMGs in Quebec, with which 70% of the population would be registered. In September 2004, there were 8 accredited FMGs in Montreal, and 3 were undergoing the accreditation process.

The health system reform recently undertaken by the government through the adoption of the Act respecting local health and social service network development agencies espouses the integrative approach to health services exemplified by the FMGs. In fact, the creation of health and social service centres (CSSS) throughout Quebec, and the development of local service networks by these new bodies, is essentially aimed at improving the health and well-being of the population concerned, and ensuring comprehensive and continuous case management to meet people's health and social needs.

Setting up the FMGs, CSSSs and local networks creates the necessary framework for true case management of individual and collective health and social service needs. The FMGs will ensure medical case management of individuals, while the CSSSs and local networks will take care of clinical case management by ensuring that health and social services are coordinated and continuous.

1 The Clair Commission recommends that these services be provided by nurse clinicians or nurse practitioners.

AMCs: second component of the strategy to reorganize front-line medical services in Montreal

The AMC concept was developed by the Montreal Agency and its Regional Department of General Medicine (DRMG[2]) following the Agency's recent strategic planning exercise. The AMCs are mainly geared toward enhancing the interface between the new CSSSs and general practitioners in the specific context of the Montreal region.

This interface is, however, complex, particularly due to the vast number of points of service where general practitioners can be found. Some practice in clinics that group together several general practitioners and specialists, whereas others work in doctors' offices, alone or in institutions (CLSC, CHSLD, hospitals). Furthermore, medical practice in Montreal is different from the situation in the regions or smaller population centres, given Montreal's high concentration of hospitals with emergency rooms, and a very broad, though often poorly integrated, service offer.

Montreal's general practitioners are already affected by the reorganization of the health system, be it through the development of FMGs, the entry into effect of an act respecting certain medical activities[3] or the creation of CSSSs and the local networks. This movement toward integration will significantly change the way general practitioners do things, since they have extremely diverse practices, approaches and forms of organization. All of the coordination and joining of efforts involved will be a considerable challenge.

The heads of the Agency and the DRMG developed the AMC concept precisely to meet this challenge. The foremost goal of an AMC is to ensure operational coordination among the physicians of a given territory who are in charge of medical case management for their clients, and the CSSSs, which will ensure the accessibility and continuity of health and social services for the population.

In short, an AMC is a well-established clinic, a group of clinics or even the medical team of a CLSC, a FMG or a family medicine unit. In each case, the organization already provides services to the population and accepts to play a coordinating and liaison role with the CSSS of the territory where it is located. The AMC gives access to a full range of front-line medical services, including scheduled or walk-in medical appointments, 365 days a year, from 8:00 a.m. to 10:00 p.m. on weekdays, and from 8:00 a.m. to 5:00 p.m. on weekends and holidays. The AMC also makes sure that medical on-call services are available after opening hours for at-risk clienteles. By guaranteeing access to a physician at all times, the AMCs will act as a safety net for the population.

Furthermore, AMCs will have the obligation to find an attending physician for at-risk clienteles who do not have one, and whose condition requires continuous medical follow-up. These patients could be referred by the CSSS if the CSSS itself does not have the medical resources required to perform case management. This does not mean that the AMC physicians must take responsibility for all such patients. It just means that the AMCs must establish ties with the general practitioners in their communities in order to find a physician for what could be called "orphaned" at-risk patients.

In addition to coordinating medical services and ensuring liaison with their CSSS, the AMCs shall provide the general practitioners on their territory with appropriate technical support for emergency tests, i.e. laboratories, imaging services, etc.

The Agency intends to make sure that the development of the AMCs does not amount to setting up a network of specialized walk-in clinics. That is why it requires the clinics or groups interested in becoming AMCs to demonstrate their capacity to provide services according to a comprehensive, continuous and personalized approach. In fact, at least 50% of their activities must be devoted to medical follow-up appointments. By forcing AMC candidates to make such a commitment, the

2 Département régional de médecine générale.

3 Bill 142 – An Act to amend the Act respecting health services and social services as regards the medical activities, the distribution and the undertaking of physicians.

Agency aims to ensure case management similar to that foreseen for the FMGs. It is therefore expected that the convergence of objectives and practices will lead the AMCs to evolve toward FMG-AMC status. Similarly, FMGs will be encouraged to evolve toward FMG-AMC status.

The Agency's strategy initially consists of appointing at least one AMC on each CSSS territory.

FMGs and AMCs: convergent and complementary deployment

The Montreal Agency hopes to effectively integrate medical activity within the CSSSs as quickly as possible. It therefore intends to continue setting up the FMGs and AMCs simultaneously.

The AMCs will grow out of agreements between the CSSS of the territory where they are located, and the medical organization that ensures service provision. Each AMC will eventually serve a population of 50,000 people. It is estimated that 35 to 40 AMCs will have to be set up in the Montreal region to meet the population's needs. A first wave of establishment is already scheduled for the fall of 2004, at the same time that the CSSSs are put in place.

As for FMGs, plans are to have 75 to 100 of them on the Island of Montreal, each with the capacity to manage the cases of 15,000 people. It is expected that, within a few years, at least 30 of these FMGs should also take on the role of AMCs. In September 2004, eight FMGs were duly accredited in Montreal, three projects were being prepared and two groups of physicians had indicated their interest in forming FMGs.

"The existing FMGs showcase the formula's usefulness and feasibility. Physicians' interest in this form of organization is expected to increase."
David Levine

An important financial support programme was created by the MSSS to foster FMG development (start-up, operation, computerization). The Agency funds AMCs from the regional budget.

A new organization of front-line medical services to improve access and extend medical case management

Thanks to the ongoing development of the FMGs, on the one hand, and the setting up of AMCs, on the other hand, the Montreal Agency and its DRMG will have the necessary tools to improve access to medical services and extend medical case management.

The DRMG intends to play a defining role in deploying this two-pronged strategy, which it initiated, believes in and promotes. It will therefore support the Agency's efforts to implement the strategy by allowing its sub-regional forums to be used as places of information, exchange and consultation.

So far, Montreal-area physicians have managed to maintain the best possible service accessibility. They have had to adapt to the growing needs of the population, despite the difficult conditions created by staff shortages. In order to truly be able to face the challenge of an ageing population, the only promising strategies are those that foresee grouping available resources, improving their coordination and creating bonds between medical practice and all health and social services. That is what the Montreal strategy proposes.

Pierrefonds and Ste Saint-Laurs CSSS[4]

0 FMG **18 medical clinics*** **1 potential AMC**

The FMGs

There is no accredited FMG and no FMG awaiting accreditation on this territory.

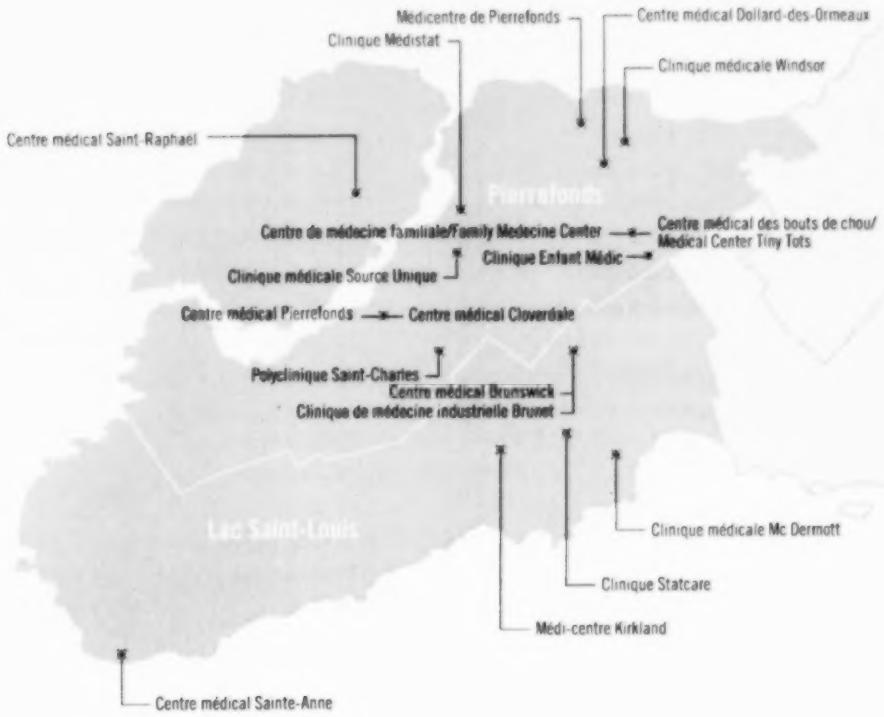
Medical clinics and potential AMCs

Centre médical Cloverdale 9517 Gouin Boulevard West Pierrefonds	Centre médical Dollard-des-Ormeaux 4520 Sources Boulevard Dollard-des-Ormeaux
Centre médical des Bouts de chou / Tiny Tots Medical Center 3400 Du Marché Avenue Suite 203 Dollard-des-Ormeaux	Centre médical Saint-Raphaël 255 Chevremont Boulevard Suite 201 L'Île-Bizard
Clinique Enfant Medic 3221 Des Sources Boulevard Dollard-des-Ormeaux	Clinique Médistat 14770 Pierrefonds Boulevard Suite 200 Pierrefonds
Centre médical Pierrefonds 12774 Gouin Boulevard West Pierrefonds	Clinique médicale Source Unique 4309-C Saint-Jean Boulevard Dollard-des-Ormeaux
Clinique médicale Windsor 4505 Des Sources Boulevard Roxboro	Centre de médecine familiale / Family Medicine Center 3400 Du Marché Avenue Suite 202 Dollard-des-Ormeaux
Médi-centre de Pierrefonds 11575 Pierrefonds Boulevard Pierrefonds	Polyclinique Saint-Charles 4870 Saint-Charles Boulevard Pierrefonds
Centre médical Brunswick 143 Place Frontenac Pointe-Claire	Centre médical Sainte-Anne 113 Sainte-Anne Street Sainte-Anne-de-Bellevue
Clinique de médecine industrielle Brunet 315 Brunswick Boulevard Pointe-Claire	Clinique médicale Mc Dermott 37 Donegani Avenue Suite 310 Pointe-Claire
Clinique Statcare **175 Stillview Road** **Suite 104** **Pointe-Claire**	Médi-Centre Kirkland 2971 Saint-Charles Boulevard Kirkland

Potential AMC ready to be set up.

* Only clinics offering general services, on a walk-in basis or by appointment, are included in this table.

4 Sources: *Répertoire des ressources de la SOGIQUE*, June 2004.
MSSS, Press release, *Cabinet du ministre de la Santé et des Service sociaux*, July 2004.



* The locations indicated on the map are approximate.

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